HAND DELIVERED

Page 1 of 7

#### PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS 2018 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet in the current calendar yeer up through the date of filing? D. Did you, your spouse, or your dependent child have any reporteble liability (more then \$10,000) at any point during the reporting period? **C.** Did you or your spouse heve "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: Name: contact the Committee on Ethics for further guidence IPO - Did you purchase any sheres thet were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please exceeding \$1,000 during the reporting period? exchange any securities or reportable real estate in a transaction TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? reporting period? REPORT TYPE FILER STATUS Did you hold any reportable positions during the reporting period or a. Own any reportable asset that was worth more than \$1,000 at the Receive more than \$200 in unearned income from any reportable end of the reporting period? or asset during the reporting penod 2018 Annual (Due: May 15, 2019) House of Representetives Member of the U.S. District: State: California Yes Yes Yes Yes 🗡 18th C.D Yes 乂 Daytime Telephone: 202-225-8104 Amendment Z S Š Š No For Use by Members, Officers, and Employees 2019 17 15 All (2016) Use Only) X H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period? F. Did you have any reportable agreement or arrengement with an outside entity during the reporting period or in the current calendar ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" G. Did you, your spouse, or your dependent child receive eny reportable gift(s) totaling more then \$390 in value from a single Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the source during the reporting period? year up through the date of filing? Employee Officer or **Employing Office** Date of Termination: Terminetion A \$200 penalty shall be assessed against any individual who files more than 30 days late. Shared Staff Filer Type: (If Applicable) Yes ¥es Yes Yes Yes Yes Yes Principal Assistant Š Š Š š 중 중 Š \widehat{Z} X X X X

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Page 2 of 7

Oakmark Equity + Income	<b>S</b> _	FPA Crescent Fund	8,	Ş.,	Fidelity Investments	ABC Hedge Fund X	TExamples: Simon & Schuster	SP, SP Mega Corp. Stock EIF	For bank end other cash accounts, total the amount in ell interest-beeting accounts. If the total is over \$5,000, list every finenciel institution where there is more than \$1,000 in interest-beeting accounts.  For rental and other reel property held for investment, provide a complete address or description, e.g., 'rental property,' end e city end state.  For en ownership interest in e privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personel residence, including second homes end vacation homes (unless there was rental income during the reporting period), and eny finencial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plen. If you report e privetely-traded fund that is en Excepted Investment Fund, please check the "EIF" box.  If you so choose, you may indicate that an asset or Income source is that of your spouse (\$P) or dependent child (DC), or jointly held with enyone (JT), in the optional column on the far left.  For e detailed discussion of Schedule A requiremente, please refer to the instruction booklet.	For all IRAs and other retirement plens (such as 401(k) plans) provide the value for each esset held in the account that exceeds the reporting thresholds.	Assets and/or income Sources identify (e) each asset held for investment or production of income and with e fair market velue exceeding \$1,000 et the end of the reporting period, end (b) eny other reportable asset or source of income that generated more then \$200 in "uneamed" income during the year.  Provide complete nemes of stocks and mutual funds (do not use only ticker symbols).
									Manage 1	<b>-</b>	
			<u> </u>				_		\$1-\$1,000	<b>"</b>	indicate velue of velue and velue and velue and velue asset was a because it general Column M is for e you have no image.
							Indefinite		\$1,001-\$15,000	ח	llue o lethox was gener is for intel
							- 8₹		\$15,001-\$50,000	5	BLOCK B  Value of Asset  Indicate value of asset et close of the reporting period. If you use a lindicate value of asset et close of the reporting period. If you use a used.  If an asset was sold during the reporting period end is included only because it generated income, the value should be None.  **Column M is for assets held by your spouse or dependent child in which you have no interest.
上			┪		1	T		×	\$50,001-\$100,000	π	BLOCK B  Value of Asset  asset et dose of the reporting period. If you use a other then feir merket value, please specify the method then feir merket period end is included only ted income, the velue should be "None."  issets held by your spouse or dependent child in which set.
			<u> </u>						\$100,001-\$260,000	n	BLue os on the the v
×	K	ス	×			×			\$250,001-\$500,000	a a	BLOCK B  Value of Asset  It dose of the report  In fair merket value,  In fair merket
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									\$1,000,001-\$5,000,000	<b>-1</b> -	orting plea
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区	X	둤	×			┢		×	DIVIDENDS	1	eck neration and seck neration of acceptance
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	<del>                                     </del>	$\vdash$	├		┼	┨	-		EXCEPTED/BLIND TRUST	$\dashv$	BLOCK C  Type of Income Check all columns that apply. Fo generate tax-deferred income (such at 529 accounts), you may check the column. Dividends, Interest, and cap if retinvested, must be disclosed assets held in taxable accounts. Ch asset generated no income during tha
$\vdash$		┢	⊢	-	1	⊢			TAX-DEFERRED	-	look (suc sand aring
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						Partnership Income	Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Type of Income  Check all columns that apply. For ecounts that generate tax-deterned income (such as 401(k), IRA, or 579 accounts) you may check the Tex-Deterned column. Dividends, interest, and capital gains, even if relinvested, must be disclosed as income for easets held in taxable secounts. Check 'None' if the assets held in taxable secounts. Check 'None' if the assets generated no income during tha reporting period.
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×			×		1				\$15,001-\$50,000	≤	BLOCK D  Amount of Income  For essets for which you checked "Tax-Deferred" in Block C, you mey check the "None" column. For ell other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was eerned or generated. "Column XII is for essets held by your spouse or dependent child in which you have no interest.
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									\$100,001-\$1,000,000	×	ferred ferred her as propr ever leta t seem
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				<del>                                     </del>	1	1	<del>                                     </del>	П	Spouse/DC Asset with Income over \$1,000,000*	¥	C, you the the below. Is sted, xable rated, t child
								S(part)	Leeve this column blenk if there ere no transections that exceeded \$1,000.	please indicate as follows: (S (part)).	Transaction Indicate if the esset had purchases (P), salas (S), or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of en esset was sold,

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

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																P, S, S(part), or E	Transaction

### SCHEDULE C - EARNED INCOME

Name And Geologes Shoot Page 4 of 7

e source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.	ist the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more o	
s below.	remment) totaling \$200 or more during the reporting period. For a spouse, list	

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Sociel Security Act.

INCOME LIMITS end PROHIBITED INCOME: The 2018 limit on outside earned income for Members and employees compenseted at or above the "senior staff" rete was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) ere totally prohibited.

							a California	Ļ	Keene State  State of Maryland	Source (include date of receipt for honoraria)
					Road of Supervisors)	(San Mateo Counta	legislative Pension	Spouse Speech Spouse Salary	Approved Teaching Fee Legislative Pension	Туре
							\$ 13.716.63	\$1,000 N/A	\$6,000 \$18,000	Amount

#### SCHEDULE D - LIABILITIES

Name:
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Page 5 o
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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest emount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personel residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are e Member); loens secured by automobiles, household furniture, or appliances; liabilities of a business in which you own en interest (unless you are personally liabile); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit cerd) only if the balence at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

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				105 A	Wells	Example		,	
	-			harles (elitazione	Famo Bank	First Bank of Wilmington, DE	Creditor		
				2002	March	5/16	Date Liability Incurred MO/YR		
		) ' /	Mashington, D.C.)	(Pasard-Net Ports	Montage as Residence	Mortgage on Renial Property, Dover, OE	Type of Liability		
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							\$25,000,001- \$50,000,000	_	
							Over \$50,000,000	-	
							Over \$1,000,000* (Spouse/DC Liability)	~	

#### SCHEDULE E - POSITIONS

Report ell positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of en organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educetional or other institution other than the United States. Exclude: Positions held in eny religious, social, fraternal, or political entities (such as politicel parties and campaign organizations); and positions solely of an honorary nature.

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	Sec.

#### SCHEDULE F - AGREEMENTS

Name: CAPA Page 6 of 7.

continuation or deferral of payments by a former or current employer other than the U.S. government, or continuing participation in an employee welfare or benefit plan maintained by a former Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service

Date 2018	Parties to Agreement  2018 Sunta of Sensing California

#### SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

	Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determinetion of personal friendship received from the Committee on Ethics)	\$400
		None	

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENT:

S	
Name: CANA CECIAS ENDO	
Page 7 of 7	

Identify the source and list trevel itinerery, detes, and nature of expenses provided for travel and travel-related expenses totaling more then \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

the filer. **EXCLUDE:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to

	Source	Dale(s)	City of Departure-Deatination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Covernment of China (MECEA)	Aug. 6-11	DC-Beijng, China-DC	. ⊀	ч	z
Examples:	Habital for Humanity (charity fundraiser)	Mar. 3-4	DC-Buston-DC	۲	γ	Υ
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